

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	71	75353	3-15-01
<b>RESPONSE FORMALITY REVIEW</b>		71473	4/17/01

Best Available Copy

**INDEX OF CLAIMS**

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 0 ..... Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	0
4	0
5	✓
6	✓
7	0
8	0
9	✓
10	0
11	0
12	0
13	0
14	0
15	0
16	✓
17	✓
18	✗
19	✗
20	0
21	0
22	✓
23	✓
24	1
25	1
26	1
27	1
28	1
29	1
30	1
31	1
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35	1
36	1
37	1
38	1
39	1
40	1
41	1
42	1
43	1
44	1
45	1
46	1
47	1
48	1
49	1
50	✓

Claim	Date
Final	
Original	
51	✓
52	1
53	1
54	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here